

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Emergency Medical Transport, Inc. CON No.: 75
DBA (Doing Business As): American Ambulance Phone: (800) 352-2309
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2014 To: December 31, 2014
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature:



Title:

Vice President

Date:

6-29-15

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	0	0	0
02	Number of BLS Billable Transports:	0	0	2,685	2,685
03	Number of Loaded Billable Miles:	0	0	27,754	27,754
04	Waiting Time (Hr. & Min.):	0.0	0.0	27.8	27.8
05	Cancelled (Non-billable) Runs:				51 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$2,657,366</u>
Less:			
02	AHCCCS Settlement.....		<u>(\$704,475)</u>
03	Medicare Settlement.....		<u>(\$275,632)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$980,107)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$1,677,259</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$1,677,259</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$501,603</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$478,025</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$135,235</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$23,049</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$99,444</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$66,236</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$1,303,592</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$373,667</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>(\$620)</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$96</u>
23	Total Other Revenue/Expenses.....		<u>(\$620)</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$373,047</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		<u>\$126,836</u>
26	State Income Tax.....		<u>\$26,113</u>
27	Total Income Tax.....		<u>\$152,949</u>
28	Ambulance Service - Net income (Loss)		<u>\$220,098</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

Non-Deductible Expenses:

22.1	Contributions and Penalties	<u>\$96</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$96</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	0	=	\$ -
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,685	=	\$ 2,093,391
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	27,754	=	\$ 503,758
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	27.8	=	\$ 5,427
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 54,790
6	Nurses Charges		\$ 0
7	Total		\$ 2,657,366
8	Standby Revenue (Attach Schedule)		\$ -
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		\$ 2,657,366

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	
14	Less Inventory at End of Year	N/A
15	Cost of Goods Sold (To Page 2, Line 14)	\$ 23,049 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	0.8	\$65,774
06	Payroll Taxes.....		\$5,566
07	Employee Benefits.....		\$7,590
08	Total.....	0.8	\$78,930
Gross Wages - AMBULANCE PERSONNEL (Attach schedule II):			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$1	0.0
10	Emergency Medical Technician (EMT).....		9.0
11	Nurses.....		0.0
12	Payroll Taxes.....		\$22,603
13	Employee Benefits.....		\$30,821
14	Total.....	9.0	\$320,517
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch.....	0.5	\$19,203
16	Mechanics.....	0.5	\$19,881
17	Office and Clerical.....	0.4	\$11,889
18	Other.....	0.3	\$14,508
19	Payroll Taxes.....		\$5,541
20	Employee Benefits.....		\$7,556
21	Total.....	1.6	\$78,578
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	11.5	\$478,025

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. **DESCRIPTION**

Professional Services:

01	Legal Fees	\$25	
02	Collection Fees	\$19,066	
03	Accounting and Auditing	\$7	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$7,492	
06	Total.....		<u>\$26,589</u>

Travel and Entertainment:

07	Meals and Entertainment.....	\$67	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$674	
10	Other:		
11	Total.....		<u>\$741</u>

Other General and Administrative:

12	Office Supplies.....	\$1,539	
13	Postage.....	\$807	
14	Telephone.....	\$4,995	
15	Advertising.....	\$5	
16	General Liability Insurance.....	(\$559)	
17	Dues and Subscriptions.....	\$544	
18 a	Other (Schedule Attached).....	\$8,390	
18 b	Other: Corporate Support Services.....	\$92,183	
19	Total.....		<u>\$107,905</u>

20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$135,235</u></u>
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AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$1,052
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$517
5.4	Other (did not fit any other line item)	\$5,923
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	\$7,492

Other General and Administrative:		
18.a.1	Public Relations	\$62
18.a.2	Printing	\$1,796
18.a.3	Business Licenses & Misc Taxes	\$5,239
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$1,294
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	\$8,390

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$13,865	
02	Amortization.....	\$0	
03	Total.....		<u>\$13,865</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		<u>\$25,722</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$671	
06	Utilities.....	\$7,510	
07	Property Taxes.....	\$1,130	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$5,103	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$14,415</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$1,957	
13	Fuel.....	\$29,766	
14	General Vehicle Service & Maintenance.....	\$369	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$4,620	
17	Other: Tires	\$2,819	
18	Total.....		<u>\$39,531</u>
	Other Expenses:		
19	Dispatch.....	\$46	
20	Education / Training.....	(\$27)	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$4,129	
24	Minor Equipment - Not Capitalized.....	\$1,763	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$5,911</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$99,444</u></u>

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AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance	Line No.
01						01
02	N/A					02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement	
03	Medicare Settlement	
04	Subscription Service Settlements	
05	Subscription Service Bad Debt	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs	
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$0
09	Other Revenue (Attach Schedule)	
10	Total Subscription Service Revenue	
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	
12	Payroll Taxes	
13	Employee Fringe Benefits	
14	Professional Services	
15	Contract Labor	
16	Travel	
17	Other General & Administrative Expenses	
18	Depreciation/Amortization	
19	Rent/Lease	
20	Building/Station Expenses	
21	Transportation-Vehicles	
22	Other (Not Classified Above and Misc)	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

OTHER OPERATING REVENUES AND EXPENSES

Line No.	DESCRIPTION	
Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	
02	Grant Funds - State (Attach Schedule)	
03	Grant Funds - Federal (Attach Schedule)	
04	Grant Funds - Other (Attach Schedule)	
05	Patient Finance Charges	
06	Patient Late Payment Charges	
07	Interest Earned - Related Person/Organization	
08	Interest Earned - Other	
09	Interest Income and Miscellaneous Revenue	\$180
10	Gain On Sale of Operating Property	0
11	Other:	
12	Total Other Operating Revenues	<u>\$180</u>
Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	(\$800)
14	Other:	
15	Other:	
16	Total Other Operating Expenses	<u>(\$800)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>(\$620)</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals	
												Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total		\$				\$					\$	N/A
												1	2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE II DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:				
	Paramedic	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND/OR RENT/LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$36
03										
04	Ambulances	Various	100%	\$19,504	SL	Various	\$0	\$3,337	\$16,306	
05	Accessorial Equipment	Various	100%	\$0	SL	Various	\$0	\$47	\$0	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$19,504				\$3,383		\$36

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* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13
Ln 19, Col I
To Pg 13
Ln 19, Col K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$23,980
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$1,706
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$388		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$10,094		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$10,482		\$25,686
19	SUBTOTAL (from Pg 12 Ln 20)		\$19,504		\$19,504				\$3,383		\$36
20	SUM of Ln 18 and 19		\$19,504		\$19,504			\$0	\$13,865		\$25,722

* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 6, Ln 04

To Pg 6, Ln 01

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
	<u>Service Vehicles & Accessorial Equipment</u>					
	<u>Name of payee:</u>					
01		%	\$		\$	
02						
03						
04						
	<u>Communications Equipment</u>					
	<u>Name of Payee:</u>					
05		%	\$		\$	
06						
07						
	<u>Other Property & Equipment</u>					
	<u>Name of Payee:</u>					
		%	\$		\$	
	<u>Working Capital</u>					
	<u>Name of Payee:</u>					
	<u>Various - See Audited Financials</u>	Various	In Corp Balances	\$	0	\$66,236
	<u>Other</u>					
	<u>Name of Payee:</u>	%	\$		\$	
14						
15	<u>TOTAL</u>		N/A	N/A	0	\$66,236
						----- (To Pg 2, Cl 2, Ln 16) -----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS

Current assets:		
01	Cash and cash equivalents	\$ 53
02	Restricted cash	3
03	Accounts receivable, net	315
04	Inventories	15
05	Deferred tax assets, net	68
06	Prepaid expenses and other current assets	23
07	Total current assets	476
08	Property and equipment, net	144
09	Goodwill	313
10	Intangible assets, net	409
11	Deposits	88
12	Deferred tax assets, net	0
13	Other assets	13
14	Total assets	\$ 1,444

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$ 64
16	Accrued and other current liabilities	88
17	Deferred revenue	40
18	Deferred tax liabilities, net	0
19	Current portion of long-term debt	52
20	Total current liabilities	244
21	Long-term debt, net of current portion	771
22	Deferred tax liabilities, net	219
23	Other liabilities	83
24	Total liabilities	1,316
Stockholder's equity:		
Common stock, \$0.01 par value, 900 shares authorized,		
25	100 shares issued and outstanding	0
Preferred stock, \$0.01 par value, 100 shares authorized,		
26	zero shares issued and outstanding	0
27	Additional paid-in capital	224
28	Accumulated other comprehensive loss	(4)
29	Accumulated deficit	(92)
30	Total stockholder's equity	128
31	Total liabilities and stockholder's equity	\$ 1,444

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (92)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	63
03	Amortization of debt issuance costs	2
04	Accretion of interest on debt	9
05	Share-based compensation expense	0
06	Loss on sale of assets and property and equipment	1
07	Impairment of property and equipment, goodwill and intangible assets	5
Change in assets and liabilities:		
08	Accounts receivable, net	(131)
09	Inventories	1
10	Prepaid expenses and other current assets	7
11	Deposits	(0)
12	Other assets	3
13	Accounts payable	(9)
14	Accrued and other current liabilities	16
15	Deferred revenue	(1)
16	Other liabilities	14
17	Net cash used in operating activities	(113)
Cash flows from investing activities:		
18	Purchase of property and equipment	(48)
19	Proceeds from the sale/disposal of property and equipment	1
20	Decrease in restricted cash	27
21	Net cash used in investing activities	(20)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	47
23	Payments on capital leases	(2)
24	Reduction of Deposits related to Backstop Loan	1
25	Payments on Backstop Loan	(1)
26	Debt issuance costs	(7)
27	Proceeds received from Reorganized Parent's issuance of equity	50
28	Net cash provided by financing activities	89
29	Decrease in cash and cash equivalents	(44)
30	Cash and cash equivalents, beginning of period	97
31	Cash and cash equivalents, end of period	\$ 53

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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